

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 17 1950

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		<u>0724</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>		b. (Middle) <u>(Debise)</u>		c. (Last) <u>Myers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug 12, 1867</u>	
9. AGE (in years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Portageville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eustach Debise</u>		13b. MOTHER'S MAIDEN NAME <u>Clementine Meatter</u>		14. NAME OF HUSBAND OR WIFE <u>William Myers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bill R. Myers - Portageville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post operative shock -</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgical operation for carcinoma of the pancreas, gastro-intestinal was done 1574</u> DUE TO (c) <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
19a. DATE OF OPERATION <u>1-21-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma pancreas, obstruction duodenum.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville Mo</u>		21d. HOW DID INJURY OCCUR? <u>1-21-50</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-21-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1-21-50</u>			
22. I hereby certify that I attended the deceased from <u>1-18, 1950</u> to <u>1-21, 1950</u> , that I last saw the deceased alive on <u>1-21, 1950</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Hall Omar</u>				23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>1-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-6-1950</u>		REGISTRAR'S SIGNATURE <u>G.C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Parlor Portageville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-218

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. H. Estes

Licensed Embalmer No. 3568

P. O. Address *Capitol Hill, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.